| 1 1 2 1 3 1 4 1 4 5 1 5 1 6   | REPORT NO. E324740    STATE OF WASHINGTON POLICE TRAFFIC COLLISION REPORT   SIGN POLICE TRAFFIC COLLISION REPORT   STATE ROUTE   OTHER   STOLEN VEHICLE   COUNTY RD   PRIVATE WAY   HIT & R.H.N. INVOLVED   TOTAL # OF 02 OR. JECT   STRUCK   | 1 0 5 27 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 |  |
|---|--|--|--|
| 1   | STREET 100 COYOTE TRL  CITY EAST WENATCHEE  ST WA ZIP 988020000  | 1 2 31   |  |
| 9 9 10 9  | DRIVER'S LICENSE # GERARRE448MP  STATE WA SEX M D.O.B. MMDDYYYYY 07 - 17 - 1956  ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET 2 INJURY 1 NATURE OF INJURIES   | 3 1 2 32   |  |
| 11 4 5  | LICENSE   C16322A   STATE   WA   VIN#   1FTSX21R18EA26070  | 3  |  |
| 12 4 5  PLATE #  VEH, YEAR 2008 MAKE FORD MODEL F250 STYLE VEHICLE TOWED TOWED BY  REGISTERED OWNER INFO. RUSSELL GERARD 19916 OLD OWEN RD MONROE WA 98272  VEHICLE TOWED BY  GOVT. VEHICLE YES NO. 1  SHADE IN DAMAGED AREA  14 4  LIABILTY NSURANCE  INSUPRANCE  APOLICY #  SPOLICY #  STANDING  CITATION #  CHARGE  UNIT 02 MOTOR  OTHER PEDAL- CYCLE  PEDESTRIAN  PROPERTY OWNER  PROPERTY OWNER  PROPERTY OWNER  PROPERTY OWNER  D: 4252313785 |  |  |  |
| 16 2  | LAST NAME HARDY  FIRST NAME JESSICA  MIDDLE INITIAL  STREET  NEW ADDRESS  11302 36TH ST NE   | 36   |  |
| 18  | CITY LAKE STEVENS ST WA ZIP 982588171  | 38   |  |
| 20  | DRIVER'S LICENSE # HARDYJM045OD STATE WA SEX F D.O.B. 09 - 04 - 1996   | 40   |  |
| 21  | ON DUTY STATUS AIRBAG 2 RESTR. 4 EJECT 1 HELMET 2 INJURY 1 CLASS 1 NATURE OF INJURIES  LICENSE PLATE # 421TWS  STATE WA VIN# 3G5DA03EX3S566533   |  |  |
| 23  | TRAILER PLATE # STATE TRAILER PLATE # STATE  VEH. YEAR 2003 MAKE BUIC MODEL RENDZV STYLE UT VEHICLE TOWED YES NOW TOWED BY  REGISTERED OWNER INFO, KAREN JONES 7471 WOODRIDGE LN NW BREMERTON WA 99311  VEHICLE NO. 2 SHADE IN DAMAGED AREA  | 1 41   |  |
| 25  | LIABILITY INSURANCE OF ALLSTATE 0 87 619510 INSURANCE OF ALLSTATE 0 87 619 |  |  |
|   | PART A 3000-345-159 R (7/06)   |  |  |





CORRECTION

REPORT NO. **E324740** 

| CASE# | 14-01049 |
|-------|----------|

| ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| NAME<br>(LAST, FIRST, MIDDLE INITIAL)   |  |  |  |  |  |  |  |  |
| ADDRESS & PHONE #   | SEX D.O.B. MMDDYYYY = =                    |  |  |  |  |  |  |  |
| PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR. EJE  | CT HELMET INJURY CLASS NATURE OF INJURIES  |  |  |  |  |  |  |  |
| NAME<br>(LAST, FIRST, MIDDLE INITIAL)   |  |  |  |  |  |  |  |  |
| ADDRESS & PHONE #   | SEX D.O.B. MMDDYYYYY                       |  |  |  |  |  |  |  |
| PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR. EJE  | CCT HELMET INJURY CLASS NATURE OF INJURIES |  |  |  |  |  |  |  |
| NAME<br>(LAST, FIRST, MIDDLE INITIAL)   |  |  |  |  |  |  |  |  |
| ADDRESS & PHONE #   | SEX D.O.B. MMDDYYYY                        |  |  |  |  |  |  |  |
| PASSENGER WITNESS UNIT # SEAT POS. AIRBAG RESTR. EJE  | CT HELMET INJURY CLASS NATURE OF INJURIES  |  |  |  |  |  |  |  |
| NARRATIVE   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| CHAD CHRISTENSEN     05-02-14 08:38       INVESTIGATING OFFICER'S SIGNATURE     UNIT OR DIST. DET     DATED | PLACE SIGNED                               |  |  |  |  |  |  |  |
| APPROVED BY RON BROOKS 013  | DATE 5/2/2014 9:18:40 AM                   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |

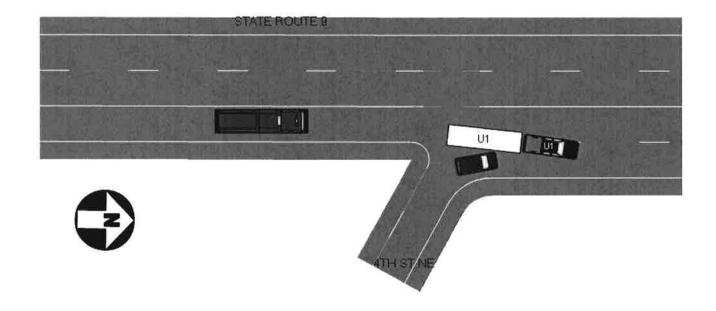
TIME POLICE DISPATCHED 5:14 PM

ORI#

WA0311900

BADGE OR ID # 075

TIME POLICE ARRIVED 5:14 PM



## LAKE STEVENS POLICE DEPARTMENT

**VICTIM/WITNESS STATEMENT** 

|   | CASE NUMBER 14 -01049   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| VICTIM  | / WITNESS   |  |  |  |  |  |  |
| NON-DISCO NAME (LAST, FIRST MIDDLE) JESSICA MICHAELE HOR  | RACE ETH SEX DOB AGE HGT WGT HAIR EYES TOOL HOZOL             |  |  |  |  |  |  |
| STREET ADDRESS JOHN ST. NE  | Kestevens tua NA 9258 RES. STATUS                             |  |  |  |  |  |  |
| HOME PHONE 31-3785 CELL PHONE 231-  | 3789 PLACE OF EMPLOYMENT                                      |  |  |  |  |  |  |
| WORK PHONE 435-237-3785 EMAIL ADDRESS PSSIC +   | 4000 JOON COM   |  |  |  |  |  |  |
|   | OR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT |  |  |  |  |  |  |
| ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED. |   |  |  |  |  |  |  |
| Nicholan dawn 4th at 1-   | 001000000000000000000000000000000000000                       |  |  |  |  |  |  |
| Brioma and Control  | exter high way 9, might                                       |  |  |  |  |  |  |
| Fron OL, See Phenizo  | 1 Started Palling Out.  |  |  |  |  |  |  |
| and was wife.   |   |  |  |  |  |  |  |
| <u> </u>  |   |  |  |  |  |  |  |
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|   |   |  |  |  |  |  |  |
| I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT  |   |  |  |  |  |  |  |
| SIGNATURE:  | DATE SIGNED LOCATION SIGNED TOURS (1) H                       |  |  |  |  |  |  |
| OFFICER/NUMBER: () (ILLA) #75   | DATE SIGNED LOCATION SIGNED                                   |  |  |  |  |  |  |

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

## LAKE STEVENS POLICE DEPARTMENT

**VICTIM/WITNESS STATEMENT** 

|   |                           | CASE NUMBER          | 14-01049  |  |  |  |  |  |  |  |
|---|---------------------------|----------------------|---|--|--|--|--|--|--|--|
| VICTIM / WITNESS  |                           |                      |   |  |  |  |  |  |  |  |
| NON- NAME (LAST, FIRST MIDDLE) ROSSELL STREET ADDRESS 100 Coyote Tri  | EV RACE W                 | ETH SEX DOB<br>M 7-1 | AGE HGT WGT HAIR EYES  17-56 57 5.76 200 BU BU  STATE ZIP RES. STATUS  WA 18588 9-5 |  |  |  |  |  |  |  |
| HOME PHONE (Same  | CELL PHONE<br>425-923-527 | 2_                   | PLACE OF EMPLOYMENT   |  |  |  |  |  |  |  |
| WORK PHONE 425-923-5272   | EMAIL ADDRESS             |                      |   |  |  |  |  |  |  |  |
| I,, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED. |                           |                      |   |  |  |  |  |  |  |  |
| I was moving over to the Right For Emergence  |                           |                      |   |  |  |  |  |  |  |  |
| Withiele whith lights And Siven going   |                           |                      |   |  |  |  |  |  |  |  |
| Iwas Half in the Right Lane when the other  |                           |                      |   |  |  |  |  |  |  |  |
| Car Merged in   | to the B.                 | ght Sid              | e of BV Trailer   |  |  |  |  |  |  |  |
| She was Ind   | er From Si                | de str               | eet   |  |  |  |  |  |  |  |
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|   |                           |                      |   |  |  |  |  |  |  |  |
| I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT  |                           |                      |   |  |  |  |  |  |  |  |
| SIGNATURE:  | DATE SI                   |                      | LOCATION SIGNED   |  |  |  |  |  |  |  |
| OFFICER/NUMBER:   | DATE S                    | GNED                 | LOCATION SIGNED   |  |  |  |  |  |  |  |
| L. / Kult   | DATE S                    | 1/14                 |   |  |  |  |  |  |  |  |

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Incident History for: #SS14008049 Case Numbers: \$\$\$14001049 Entered 05/01/14 17 17:13:49 BY SPSC40 SP0320 BY SPSC40 SP0320 05/01/14 17:13:49 Dispatched 05/01/14 17:13:49 Enroute **Onscene** 05/01/14 17:14:42 Closed 05/01/14 17:41:13 Initial Type: COL Initial Alarm Level: Final Alarm Level: Type: COL Final (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: Src Loc: 511 SR 9 NE , LKS -- STARBUCKS , LKS btwn MARKET PL & ENT TO FRONTIER VI (V) Loc Info: Addr: Phone: Name: , NO MORE INFORMATION /1713(SP0320) \$OUTSRV DISPER 19S15 #SS75 CHRISTENSEN, OFCR (CHAD) /1713, NO MORE INFORMATION LOC: STARBUCKS, LKS --> 511 SR 9 NE , LKS, BLK: --> SS002 /1713 **CHANGE** /1714 (SS75 ) \*ONSCNE 19S15 /1723(SP0368) **ASNCAS** 19S15 \$SS14001049 /1727(\*\*\*\*\*) REMINQ 19S15 8516XJ /1727(SP0368) LIC, 19S15, 8516XJ,,, REMINQ 19S15 /1741CLEAR 19S15 D/H

/1741

CLOSE

19S15